6100.5 HCFA Standard Part B Eligibility Inquiry Flat File Specifications.--You must receive these data elements from your providers in this format. If you were one of three HCFA pilot programs, Transamerica Occidental Insurance Company, Health Care Service Corporation (HCSC), or Arkansas Blue Shield, Inc., you may take an additional 6 months to effect a smooth transition with pilot users; do impose these specifications on new users. You must be able to service any provider requesting access to this data in 30 days.

Each record should be terminated with a line feed character, or a line feed and carriage return character combination.

BENEFICIARY HEADER REQUEST RECORD

FLD NO.	FIELD NAME	FLD PICT.	FROM	THRU	REMARKS
1	Header Field	X(4)	1	4	Must be "ELIG."
2	Carrier Number	9(5)	5	9	Your Medicare assigned carrier number.
3	Provider ID	X(10)	10	19	Provider's Medicare number (blank fill).
4	Submitter ID	X(10)	20	29	System ID of the provider, clearinghouse or billing service submitting the request (blank fill).
5	Date & Time Stamp	9(12)	30	41	Date/Time provider transmits records. Julian date (CCYYDDD). Time (HHMMS). Enter the value of "0" for the fifth position (S). Providers and vendors must complete field in the standard format. You should not edit this field, but pass whatever the provider submits in this field to

field 3 in response record.

| 6 | Filler | X(4) | 42 | 45 | Blank fill. |

BENEFICIARY DETAIL REQUEST RECORD

1	Record type	X(1)	1	1	Must be "D." Identifies detail.
2	Patient ID	X(17)	2	18	Reserved for provider use; do not edit.
3	Provider ID	X(10)	19	28	Provider's Medicare number (blank fill).
4	Submitter ID	X(10)	29	38	System ID of the provider, clearinghouse or billing service submitting the request (blank fill).
5	Beneficiary HICN	X(12)	39	50	Enter beneficiary's HICN (blank fill).
6	Beneficiary's Last Name	X(6)	51	56	First six characters of the beneficiary's last name (blank fill).
7	Beneficiary's First Initial	X(1)	57	57	First character of beneficiary's first name.
8	Gender	X(1)	58	58	F=Female, M=Male.

BENEFICIARY TRAILER REQUEST RECORD

1	Total Detail Records	9(2)	1	2	Total number of detail records being sent with this request file

(minimum of 1,
maximum of 99).

If the eligibility of more than one beneficiary is requested in a single transmission, the second
detail request will start immediately after the first detail request. One transmission may contain
up to 99 detail requests.

6100.6 HCFA Standard Part B Eligibility Response Flat File Specifications.
You must transmit these data elements to your providers in this format. If you were one of three
HCFA pilot programs, Transamerica Occidental Insurance Company, Health Care Service
Corporation, or Arkansas Blue Shield, Inc., you may take an additional 6 months to effect a
smooth transition with pilot users; do impose these specifications on new users.

Each record should be terminated with a line feed character.

BENEFICIARY HEADER RESPONSE RECORD

FLD NO.	FIELD NAME	FLD PICT.	FROM	THRU	REMARKS
1	Header Field	X(4)	1	4	Must be "RESP." Signifies the beginning of the response file.
2	Carrier Number	9(5)	5	9	Your Medicare assigned carrier number.
3	Date & Time Stamp	9(12)	10	21	Date/time provider transmits records. Julian date (CCYYDDD). Time (HHMMS). Enter the value of "0" for the fifth position (S).
4	Filler	X(24)	22	45	Reserved for future use.

BENEFICIARY DETAIL RESPONSE RECORD

FLD NO.	FIELD NAME	FLD PICT.	FROM	THRU	REMARKS
1	Record Type	X(1)	1	1	Must be "R." Indicates a detail response record.
2	Patient ID	X(17)	2	18	Reserved for Provider use; do not edit.
3	Provider ID	X(10)	19	28	Provider's Medicare number (blank

fill).

| 4 | Submitter ID | X(10) | 29 | 38 | System ID of the provider, clearinghouse or billing service submitting the request (blank fill). |

| 5 | Response Type | 9(2) | 39 | 40 | Code as follows: 11 = Response (this is a definitive reply). |

BENEFICIARY DETAIL RESPONSE RECORD (Cont.)

FLD NO.	FIELD NAME	FLD PICT.	FROM	THRU	REMARKS
					00 = Automatic response. (This is a definitive reply based on a prior request. It is an update to extract data previously sent.)
					21 = Still searching; will respond later.
					64 = Invalid or missing HICN.
					65 = Missing patient name (e.g., surname or first initial).
					66 = Missing or invalid gender.
					67 = Name with HICN not found.
					99 = Problem in system. Cannot process. Please recycle the request. (If inquiry recycles 3 times, inform your host that there is a problem.)
6	HICN	X(l2)	41	52	Beneficiary's

					Medicare number (blank fill).
7	Last Name	X(6)	53	58	First six characters of beneficiary's last name (blank fill).
8	First Initial	X(1)	59	59	First character of the beneficiary's first name.

FLD NO.	FIELD NAME	FLD PICT.	FROM	THRU	REMARKS
9	Gender	X(1)	60	60	F=Female, M=Male.
10	Medicare Part B Entitlement Date	9(6)	61	66	Beneficiary's entitlement date for Medicare Part B eligibility (MMDDYY).
11	Medicare Part B Termination Date	9(6)	67	72	Beneficiary's Medicare Part B termination date (MMDDYY).
12	Current Year Deductible	9(2)	73	74	Year for the current deductible (YY).
13	Current Year Deductible Indicator	X(1)	75	75	If "Y", deductible is met, if "N", deductible not met.
14	Prior Year Deductible	9(2)	76	77	Year for the prior Year deductible (YY).
15	Prior Year Deductible Indicator	X(1)	78	78	If "Y", deductible met if "N", deductible not met.
16	HMO Name	X(25)	79	103	Current Name of HMO.
17	HMO Zip Code	9(5)	104	108	HMO zip code.
18	HMO Enrollment Date	9(6)	109	114	Give the most current HMO enrollment date (MMDDYY).

19	HMO Termination Date	9(6)	115	120	Give the most current termination date (if applicable) (MMDDYY).
20	HMO Code	X(1)	121	121	C=Cost, R=Risk Space or (blank) = Non-HMO.
21	MSP Activity	X(1)	122	122	D = Develop

FLD NO.	FIELD NAME	FLD PICT.	FROM	THRU	REMARKS
22	Change Code	X(1)	123	123	If yes, beneficiary name or number has been corrected the correct information

and
returned.
    Receiver must use their patient
ID for matching.

FLD NO.	FIELD NAME	FLD PICT.	FROM	THRU	REMARKS
23	Filler	X(7)	124	130	Reserved for future use.

BENEFICIARY TRAILER RESPONSE RECORD

FLD NO.	FIELD NAME	FLD PICT.	FROM	THRU	REMARKS
1	Total Detail Records	9(2)	1	2	Total number of detail records being sent with this request file (minimum of 1, maximum of

99).

NOTE: All dates in the format MMDDYY should default to a value of "000000" when there is no meaningful information in the field.